## PART B - FEE(S) TRANSMITTAL

## Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further indicated unless correcte maintenance fee notifica	ed below or directed oth	ng the Patent, advance on herwise in Block 1, by (a	rders and notification of a) specifying a new con	f maintenance fees respondence addre	will be ss; and/o	mailed to the current r (b) indicating a sepa	correspondence address as trate "FEE ADDRESS" for	
24737 PHILIPS INTE P.O. BOX 3001	TDARDS I	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
BRIARCLIFF M	a tı							
			-				(Depositor's name) (Signature)	
							(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	OR	ATTC	DRNEY DOCKET NO.	CONFIRMATION NO.	
10/596,380	•		Steven C. Deane	une		GB030221	5921	
ITTLE OF INVENTION	: ACTIVE MATRIX PIX	XEL DEVICE WITH PHO	OTO SENSOR					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISS	UE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0		\$1810	02/19/2009	
EXAMINER		ART UNIT	CLASS-SUBCLASS					
NHU, DAVID 2895		2895	257-538000					
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			or agents OR, altern  (2) the name of a single registered attorney of 2 registered patent a	1 the names of up to 3 registered patent attorneys agents OR, alternatively, 1 the name of a single firm (having as a member a gistered attorney or agent) and the names of up to registered patent attorneys or agents. If no name is sted, no name will be printed.				
PLEASE NOTE: Unl recordation as set forth (A) NAME OF ASSIG	ess an assignee is identi h in 37 CFR 3.11. Comp GNEE	A TO BE PRINTED ON The ified below, no assignee oletion of this form is NO and the control of th	data will appear on the T a substitute for filing (B) RESIDENCE: (CI	e patent. If an assi an assignment. TY and STATE OF	COUN		ocument has been filed for ands	
Please check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent):	🗖 Individual 🛚	Corporat	ion or other private gro	oup entity 🚨 Government	
4a. The following fee(s) are submitted:  ☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies			4b. Payment of Fee(s): ( <b>Please first reapply any previously paid issue fee shown above</b> )  ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 14-1270 (enclose an extra copy of this form).					
a. Applicant claim	<b>tus</b> (from status indicated s SMALL ENTITY statu	ıs. See 37 CFR 1.27.	☐ b. Applicant is no l					
NOTE: The Issue Fee and interest as shown by the i	d Publication Fee (if requeecords of the United Sta	uired) will not be accepte tes Patent and Trademark	d from anyone other that Office.	n the applicant; a re	gistered	attorney or agent; or th	ne assignee or other party in	
Authorized Signature	/Michael E		DateF	ebru	ary 19, 20	09		
Typed or printed name <u>Michael E. Belk</u>				Registration No. 33, 357				
This collection of inform an application. Confident submitting the completed his form and/or suggesti	ation is required by 37 C tiality is governed by 35 I application form to the ons for reducing this but	FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to th	on is required to obtain of 1.14. This collection is depending upon the in e Charles Information Office Charles Expression of the country of	or retain a benefit b estimated to take 1 dividual case. Any iccer, U.S. Patent ar	y the pub 2 minute commen d Trader	lic which is to file (and s to complete, includin ts on the amount of tir mark Office, U.S. Depa	by the USPTO to process) g gathering, preparing, and me you require to complete artment of Commerce, P.O. for Parents, P.O. Roy, 1450.	

SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.